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NAVAL SERVICE MEDICAL NEWS (NSMN) (96-16)  
25 April 1996

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HEADLINE: Joint Teleradiology Test Successful

USS GEORGE WASHINGTON (NSMN) -- Last month, physicians aboard USS GEORGE WASHINGTON (CVN 73) successfully sent four radiology images to the U.S. Army Landstuhl Regional Medical Center in Germany. "This was a very important test and a verification of the joint interoperability of our telemedicine systems," said CDR Dean Bailey, senior medical officer aboard GW.

The test moved diagnostic medical imagery between two forward deployed sites of different military services.

The demonstration used the Navy's Challenge Athena satellite connection between the aircraft carrier and Norfolk, VA. The images were sent from GEORGE WASHINGTON, deployed to the Mediterranean Sea, via satellite to a downlink receiving site at Norfolk. From there, the data was routed to the Medical Information Department at Naval Medical Center Portsmouth, VA, where it entered the Internet. The images were then sent to a receiving site at Landstuhl. Physicians at the Deployable Radiology site, part of the U.S. Army's "Primetime III" telemedicine project, were able to view the images in their complete and original detail.

The test of moving radiology images to Germany was important because Landstuhl is the military's only tertiary care medical center in the European theater and the region's hub for all medical evacuation flights between the United States and Europe.

"With each service having limited overseas medical assets,"

said Bailey, "medical care overseas must be a tri-service effort. It only makes sense that telemedicine services will need to be coordinated among the three services as well."

-USN-

HEADLINE: Surgical Procedure Benefits Young Patient

NAVHOSP Jacksonville, FL (NSMN) -- A complicated orthopaedic surgery called the Ilizarov Procedure recently was performed for the first time at Naval Hospital Jacksonville.

The patient, 3-year-old Jennifer, is the daughter of Petty Officer First Class Renee Williams. Williams was stationed at Naval Air Station Patuxent River, MD, when she noticed a problem with Jennifer's legs and took her to a pediatrician. Jennifer was diagnosed with a congenital bone defect and was referred to National Naval Medical Center Bethesda, MD, for treatment.

At Bethesda, Jennifer was under the care of orthopaedic surgeon CAPT William Schrantz, MC. There she had two surgeries to repair a defect of her bone caused by disease. Williams was then transferred to the Jacksonville area, and Jennifer's follow-up care was transferred to CDR Steven Nowicki, MC, an orthopaedic surgeon at Naval Hospital Jacksonville. Nowicki began the follow-

up care on Jennifer, but her defect was just not healing. Schrantz and Nowicki concluded that the Ilizarov Procedure was the best chance to heal the bone. The Ilizarov Procedure uses a mechanical device to stimulate bone growth and has opened up new ways to deal with problems like Jennifer's, as well as other problems associated with trauma, deformities and skeletal defects.

Both Schrantz and Nowicki had experience with the procedure, but Schrantz is a recognized expert with the procedure as well as Jennifer's original surgeon. They decided he would perform the operation with Nowicki assisting. They also decided to perform the operation in Jacksonville for both the comfort of the patient and to save the expense of a medevac.

"Jennifer's doing very well after the surgery," said Nowicki.

Williams agreed. "Jennifer is really doing great," she said, adding, "I hate to think what could have happened if Navy medicine wasn't there to help."

Story By HM2 Terresa White, Naval Hospital Jacksonville

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HEADLINE: Hospital Ship USNS COMFORT Underway for Exercise

USNS COMFORT Norfolk, VA (NSMN) -- USNS COMFORT (T-AH 20) departed Baltimore on 23 April to participate in the Military Sealift Command exercise COMFEX 96, which tests the crew's ability to activate the 250-bed medical treatment facility for combat casualty support.

COMFORT, one of two Navy hospital ships, sails with a crew of 63 civil service mariners, more than 380 military personnel from National Naval Medical Center in Bethesda, MD, approximately 110 from the Naval Medical Center in Portsmouth, VA, and about 150 from other Navy medical facilities on the east coast.

COMFORT was scheduled to arrive at Naval Station Norfolk on 24 April to pick up medical personnel from NMC Portsmouth and load medical supplies prior to getting underway 30 April for the exercise anchorage off the coast of Cape Charles, VA.

Simulated combat casualties will be brought to COMFORT by Army helicopters and Navy amphibious craft on 1 and 2 May. In normal operations, the ship's crew handles 250 patients a day. For the exercise, they will treat about 120 patients brought aboard on stretchers. The exercise will also test the crew's ability to receive and decontaminate patients subjected to chemical warfare agents.

COMFEX 96 concludes at Naval Station Norfolk on 4 May, when the crew simulates transferring patients to shore hospitals by Navy and civilian ambulances.

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HEADLINE: U.S. Naval Hospital Guam Nurses Recognized

USNH Guam (NSMN) -- It was a pleasant Guam day on 11 December 1995. Two nurses from U.S. Naval Hospital Guam, LCDR Janet Jenista and LCDR Mary Condon, had left work a bit early for an afternoon of Christmas shopping. They didn't realize that fate was about to put their skill and training as nurses to the test.

"The car directly in front of us completely veered over into the other lane of traffic and hit a car head-on," recalled Condon, the department head of U.S. Naval Hospital Guam's emergency room. "Both cars went up in the air about six feet and came crashing down. It sounded like a time bomb going off."

The two cars that had met head-on had a total of nine passengers, all sustaining injuries. One car, emitting smoke and leaking gasoline, held the four worst-injured victims. They were all children.

"This kind of thing offered me a really different perspective. As an emergency room nurse, I've never been on the scene before," said Jenista, the division officer of the hospital emergency room. "It gives me a true appreciation for both military and civilian Emergency Medical Technicians, who respond to emergencies like this on a daily basis."

On 3 April, Jenista and Condon were recognized by the Guam Police Department for their actions. In a ceremony on the hospital's quarterdeck, they were presented Government of Guam Lifesaving Medals and Letters of Commendation.

"I think that giving them this award was appropriate, considering what they did, and the danger that was involved," said Chief of Police Jack Shimizu. "That road is like the Indy 500 at that time of day. Personally, I think we should stop to thank the high caliber people at Naval Hospital more often for the job that they do. The entire staff is outstanding." Story by JO2 Brian Naranjo, ComNavMarianas Public Affairs

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HEADLINE: Hospital Starts Medicare Claims Assistance Program

NAVHOSP Twentynine Palms, CA (NSMN) -- Naval Hospital Twentynine Palms recently started a Medicare claims assistance

program, called "MEDI-VIP," as the result of a challenge issued by Navy Surgeon General VADM Harold M. Koenig, MC, to assist military retirees with Medicare red tape.

MEDI-VIP is a volunteer effort by Navy personnel at the hospital who are certified health care executives and fellows of the American College of Healthcare Executives (ACHE). Run in conjunction with the facility's Health Benefits Advisor, the program offers assistance to military beneficiaries with any Medicare claims processing problems they may be experiencing.

"I read an article in the March Kiplinger Retirement Report on coping with medical paperwork," said Koenig. "It talked about the difficulties retirees have understanding their health care insurance, and how they often end up under-using their insurance because they don't understand it."

When meeting with Navy members of the ACHE in Chicago last month during a symposium, Koenig noted that these professionals had the expertise military retirees needed to "understand their bills and their paper work. ... When an HBA gets a tough case, they could refer it to an ACHE affiliate in the area," suggested Koenig.

At Naval Hospital Twentynine Palms, military beneficiaries who are having trouble with their own or a family member's Medicare claim can call on one of several ACHE affiliates at the hospital to assist them.

Story by CDR R.E. Connors, Naval Hospital Twentynine Palms

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HEADLINE: NDC Parris Island Recognizes Red Cross Volunteers

NDC Parris Island, SC (NSMN) -- Naval Dental Center Parris Island held a luncheon earlier this month to recognize the outstanding contributions of its Red Cross volunteers.

Fifteen volunteers recently completed an intensive six-month dental assistant training program with each performing a minimum of 300 hours of chairside assistance in direct patient care. One volunteer contributed more than 500 hours. Each volunteer was personally recognized by the center's commanding officer, CAPT J. A. Draude, DC, and received a certificate acknowledging their accomplishment.

During the past two years, 80 volunteers have completed the course and have accumulated 12,650 hours of chairside assisting, equating to 6.2 full time employees. In addition, two dentists from the local community volunteer nearly 100 hours of oral surgery and diagnostic services each month.

More than 75 percent of the dental assisting graduates continue to provide volunteer support after completing their initial training. Besides being an invaluable adjunct to mission accomplishment at NDC Parris Island, the Red Cross Dental Assisting Program provides valuable professional skills that can be used virtually anywhere in the world.

-USN-

HEADLINE: FISC, USNH Work Together to Improve Supply Pipeline

USNH Yokosuka, Japan (NSMN) -- Several years ago if a medication was not in stock, fingers of blame were pointed in

various directions. Now, although everything is far from perfect, there have been remarkable improvements, with U.S. Fleet and Industrial Supply Center (FISC) and U.S. Naval Hospital Yokosuka working closely together to lower NIS (not-in-stock) rates, reduce costs and -- most importantly -- provide better service to patients.

A Joint Quality Management Board (QMB) between the hospital and FISC was commissioned last March. "The intent of the group was to see if there were mutual benefits to the two groups working together," said LT Ray Onders, FISC's requirements officer. "The QMB formed a Joint Process Action Team (JPAT) to see what processes could be improved."

With FISC's supply expertise, the hospital's Pharmacy was able to establish high and low limits. They then posted those limits on stock shelves. During inventories, pharmacy technicians reordered supplies based on shelf cards. The NIS rate dropped, high-cost emergency orders became less frequent, and customers throughout the process were more satisfied.

The QMB didn't stop there. Next, they improved the ordering of surgical supplies and other frequently used medical items.

Behind-the-scenes efforts to improve the supply line across the Pacific are ongoing. In fact, FISC and USNH are expanding their efforts to bases throughout Japan and all the way to the States. The key is to understand the other side's perspective, focus on continuous improvements to the process, and continue joining hands -- instead of pointing fingers.

"We're not working alone," said LT Steve Stanton, head of USNH Materials Management. "We're not working as islands. It's a total team effort."

Story by Mr. Bill Doughty, U.S. Naval Hospital Yokosuka

-USN-

HEADLINE: Congratulations to New Medical Corps Flag Officer

SECNAV Washington (NSMN) -- ALNAV 015/96, released by Secretary of the Navy John H. Dalton on 19 April, announced that the "Secretary of Defense, acting for the President of the United States, has approved" the recommendations of the staff corps O7 selection boards, which included the Medical Corps. Congratulations to CAPT Alberto Diaz Jr., MC, Fleet Surgeon, U.S. Pacific Fleet, on his selection for promotion to rear admiral (lower half).

-USN-

HEADLINE: CNO Announces Sailors Selected for Advancement Program

CNO Washington (NSMN) -- Sailors selected for the FY97 Enlisted Education Advancement Program were announced in NAVADMIN 095/96 of 19 April. Congratulations to the Navy Medical Department personnel who, as the message said, "can be justifiably proud of your selection from 479 highly competitive applicants. They were HM1 Kelly M. Broadway; HM3 Peggy H. Bulado; HM3 Elvis D. Butler; HM3 Lisa P. Carrigan; HM2 Kimberlyn R. Carroll; DT2 Anthony R. Coca; HM1 David S. Donaldson; HM2 Patrick R. Harrison; HM3 Michael S. Jette; HM1 Jeff S. Moody; HM2(FMF) Regla M. Reyes; HM3(FMF) Bret M. Sebastian; HM2(AW)

James D. Stephens Jr.; HMC (SW/FMF) John D. Trueblood; and HM2 Ralph E. Tuttle.

Among those selected as alternates, in case additional opportunities open up, were HM2 Daniel B. Clem; HM2 Steven J. Joyner; and HM2 Indira Y. Kozak.

-USN-

HEADLINE: Junior Corpsman Destroyer Sailor -- What's That?

USS DESTROYER At Sea, Worldwide (NSMN) -- I am a Hospitalman -- an E3 -- aboard a destroyer. I am the assistant to the Independent Duty Corpsman (IDC). There are just the two of us aboard and we handle everything that is medically related.

The IDC has trained me to help conduct Sick Call, signing off the records of the patients I see. She has also trained me to take care of casualties in emergencies. I am responsible for running one of the battle dressing stations when we are at general quarters.

Patient care is actually a small part, time wise, of my duties. I also conduct preventive medicine tasks, which includes testing water for bromine and bacteriological contamination, spraying for pest infestation and inspecting all food supplies.

I perform preventive maintenance on all medical equipment as well as damage control fittings within medical spaces.

I inventory, order, receive and store supplies. All emergency medical supplies are frequently inventoried to ensure they are in readiness for battle conditions. I also ensure all medications we have are checked for expiration dates and replaced as needed.

I'm a trainer, too, teaching the crew first aid and buddy aid, about heat stress, hearing conservation, proper hygiene, barber shop and laundry sanitation, sexually transmitted disease prevention, and much more.

The IDC trains me and lets me do as much as she thinks I am capable. She is trying to convince me that I should go to IDC school when I'm eligible. She loves his job and is a good recruiter. Her job is a big responsibility, but I can't imagine going any other career pathway.

EDITORS NOTE: This is one of a series of articles describing different aspects of the Navy Hospital Corps. Watch for others in future issues of the Naval Service Medical News.

-USN-

HEADLINE: Any Day In The Navy is Scheduled for 9 May 1996

CHINFO Washington (NSMN) -- Every year, All Hands magazine asks people around the Navy to photograph various aspects of Navy/Marine Corps life for a special "Any Day in the Navy" issue.

This year's "any day" is 9 May, so get out your camera and take some pictures between 0100 and 2400 on that day. Each image submitted to All Hands must be accompanied by a complete caption. If you don't have copies of the form published on the inside front cover of the magazine's April issue, be sure your caption includes: name, rank/rate and duty station (including address and telephone number) of photographer; the time the image was shot; the name, hometown, rank/rate and title of each person in

the photograph; and a description of what the photo depicts.

All images must be mailed by 7 June to All Hands Magazine, ATTN PH1 D. Anglin, Naval Station Anacostia, Bldg. 168, 2701 S. Capitol St. SW, Washington, DC 20373-5819. Submissions, which must be 35 mm slides, color or B&W prints (any size), will not be returned. This year, the special issue will be out in October.

-USN-

HEADLINE: Seaman to Admiral Board Set for 9 September

CNO WASHINGTON (NSMN) -- NAVADMIN 077/96 announces 9 September 1996 as the convening date of the FY97 Seaman to Admiral selection board. The NAVADMIN also provides program eligibility and application procedures for that board.

The Seaman to Admiral Program lets active duty enlisted Sailors of the regular Navy and Naval Reserve, including Training and Administration of Reserve (TAR) Sailors, become officers. The Seaman to Admiral board selects the 50 best qualified applicants for appointment in the Unrestricted Line.

Specific community assignments are determined by Chief of Naval Personnel VADM Skip Bowman after the board results are approved. Assignments are based on the needs of the Navy, individual qualifications, aptitude, experience and preference.

After graduation from Officer Candidate School (OCS), selectees are appointed permanent Ensigns in the Naval Reserve and assigned to one of the following Unrestricted Line communities: Surface, Submarine, Special Operations, Special Warfare or Aviation (Pilot or Naval Flight Officer).

Officers are screened for selection to a bachelor's degree program at the Naval Postgraduate School in Monterey, CA, after successfully completing their initial sea duty and warfare qualifications. Officers who attend receive a fully accredited degree by taking courses from both the Naval Postgraduate School and a consortium of schools in the Monterey area.

For a complete list of eligibility requirements and the application format, see NAVADMIN 077/96.

Story by LT Kelly Watson, Bureau of Naval Personnel

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HEADLINE: CORRECTION to NSMN 96-15 Article on Operation Smile

BUMED Washington (NSMN) -- Last week's message, Naval Service Medical News 96-15 of 18 April, included an article about CDR Glenn Bacon's work with a humanitarian organization dedicated to giving children around the world healthy smiles. The group is called Operation Smile, not "Smiles," as the article said. Also, information about another Navy volunteer with Operation Smile was incorrect. CDR Vance Gainer, NC, is a nurse anesthetist assigned to Naval School of Health Sciences in Bethesda, MD. Both the spelling of his name and his duty station were incorrect in the article. The editor regrets any problems these errors caused.

-USN-

HEADLINE: TRICARE Questions and Answers

BUMED Washington (NSMN) -- As TRICARE comes on line across the country, beginning last year and expected to be available

throughout the United States by May 1997, questions about this Department of Defense managed health care program come up. Each week, the Naval Service Medical News will include "TRICARE Questions and Answers" to answer them.

Q: If active duty members retire, can they pay the annual enrollment fee and maintain Prime?

A: Yes. Paying the fee starts a new enrollment period.

Q: If I choose to disenroll after I have enrolled in TRICARE Prime, what penalty is incurred? Can I get back into TRICARE Prime if I don't like the other options?

A: The enrollment period is for 12 months. You may disenroll at the end of an enrollment period, and then re-enroll at any time, without penalty. You may disenroll sooner if you're moving from the Prime area or losing CHAMPUS eligibility, but you forfeit any enrollment fees already paid. If you're not moving or losing CHAMPUS eligibility, but don't want to remain in Prime, you may still request permission to disenroll sooner. If disenrollment is approved, you are then prohibited from re-enrolling for 12 months from the date of disenrollment and you forfeit any enrollment fees already paid.

If you have questions about TRICARE you'd like answered in this column, please contact the editor (see last paragraph of this message on ways to do so).

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#### HEADLINE: HEALTHWATCH: Pediatric Immunizations

NMC San Diego (NSMN) -- Childhood immunizations are a vital part of children's health care. Pediatricians nationwide agree, immunizations are the single most cost-effective way to prevent vaccine-preventable diseases.

"By making sure our children's vaccines are up to date, we are providing them the best possible protection against many dangerous contagious diseases," said CAPT Norman Waecker, head of Pediatric Infectious Diseases at Naval Medical Center San Diego.

Waecker added that since 21-27 April is National Infant Immunization Week, it's a great time for parents to review their children's immunization records. "We recommend that before age 2, all children be vaccinated against hepatitis B, diphtheria, tetanus (lockjaw), pertussis (whooping cough), influenza type B, polio, measles, mumps, rubella (German measles) and chicken pox," he said.

American Academy of Pediatrics statistics indicate that 33 percent of America's children under the age of 2 have not been properly immunized. Academy pediatricians attribute this lapse to complacency fostered by the success of contagious disease vaccines over the last 30 years.

"Unfortunately, these dangerous diseases Americans often think are extinct are rampant in many other parts of the world," said Waecker. "And military people are traveling to all parts of



the globe, making immunization crucial to stemming outbreaks here at home."

"Today's generation of parents may not know that before 1963, 500,000 cases of measles and 500 deaths attributed to measles were reported annually in the United States," said Waecker. "Following licensure of a measles vaccine in 1963, the incidence of measles declined by more than 98 percent."

The Pediatric staff at the Naval Medical Center advises parents that every visit to a clinic is an opportunity to update their children's immunization status. They remind parents to bring their children's yellow immunization record to every clinic visit in case booster doses or new vaccines are needed.

"Immunizations make sense and save lives; immunize your children. It's the right thing to do," Waecker concluded.  
Story by Ms. Pat Kelly, Naval Medical Center San Diego

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